

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13	1					
14						
15						
16	1					
17						
18						
19						
20						
21	1					
22						
23	1	1				
24						
25						
26						
27						
28						
29						
30	1					
31						
32						
33						
34		2				
35						
36						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6		1			
TOTAL DEP.	25	←	6	←		←
TOTAL CLAIMS	31	[REDACTED]	7	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						